

GENERAL ELIGIBILITY REQUIREMENTS

General eligibility requirements are applicable to all medical assistance programs unless otherwise noted.

C-100 RESIDENCE REQUIREMENTS (435.403)

Clients must be living in Nevada with the intention of making Nevada their home permanently OR must be living in Nevada with a job commitment or seeking employment. Clients are not required to have a fixed place of residence to meet this requirement.

C-100.1 SSI Recipients Receiving a State Supplementary Payment (SSP) from Another State

When the client is receiving SSI/SSP through another state, the state paying the State Supplementary Payment is the state of residence UNLESS SSA acknowledges Nevada residency. In this instance ONLY, use SSA's effective date of residency.

C-100.2 Verification

Accept client statement for residency. When a discrepancy exists in the current case file, contact the household or a collateral contact to clarify circumstances and document the information.

C-105 EXCEPTION TO RESIDENCY RULES

For the purposes of this section, a person is incapable of indicating their intent to reside when they:

- a. have an IQ of 49 or less or have a mental age of 7 or less; or
- b. are found incapable of indicating their intent to reside as verified through medical documentation by a physician or licensed psychologist; or
- c. are judged legally incompetent

C-105.1 Individuals Placed In an Out-of-State Institution

Residence is the state making or arranging placement of the individual. Any agency of the state that arranges for an individual to be placed in an institution (includes foster care homes) located in another state, is recognized as acting on behalf of the state making a placement.

Note: This includes an entity recognized under state law as being under contract with the state for such purposes.

When a competent individual leaves the facility in which the individual is placed by a state, the individual's state of residence, for Medicaid purposes, is the state where the individual is physically located.

Note: Children who receive Title IV-E adoption assistance or foster care payments are considered residents of the state in which the child lives.

C-105.2 Individuals Under the Age 21

The state of residence for individuals under age 21 who are not receiving Title IV-E payments and not receiving a state supplement is as follows:

- a. Individuals capable of indicating intent and who is emancipated from his or her parents or who is married, the state of residence is the state where the individual intends to reside or has entered the state with a job commitment or seeking employment.
- b. Individuals not capable of indicating intent, not living in an institution, not receiving Title IV-E and not receiving a State Supplementary Payment the state of residence is:
 1. the state where the individual resides; or
 2. the state of residency of the parents or caretaker with whom the individual resides.

C-105.3 Individuals Age 21 and Over

The state of residence for an individual residing in an institution that became incapable of indicating intent **before** age 21 is:

- a. the state of residence of the parent or legal guardian applying for Medicaid on behalf of the individual if the parent or legal guardian resides in a separate
- b. the state of residence of the parent or legal guardian at the time of placement; or
- c. the current state of residence of the parent or legal guardian who files the

Individuals residing in an institution who became incapable of indicating intent **after** age 21, the state of residence is:

- a. the state in which the individual is physically present, except where another

An individual residing in an institution that has been abandoned by his or her parent(s) and does not have a legal guardian, the state of residence is the state of residence of the individual or party who files an application.

C-110 DISPUTED RESIDENCY

When Nevada Medicaid determines a client is a resident of another state and that state disagrees, the following procedures apply:

- a. require the client to provide a copy of the disputing state's denial/termination letter.
- b. process the Nevada Medicaid application to determine eligibility.
- c. notify the Chief of E&P by memo. Include:
 1. case name and number.
 2. copy of denial/termination letter from the disputing state.
 3. copy of NOMADS NOD showing approval/denial.
 4. verification (not all inclusive)
 - a. rent/mortgage receipt
 - b. landlord statement
 - c. Nevada driver's license
 - d. Nevada vehicle registration
 - e. utility bills/receipts
 - f. Victims of Domestic Violence approved for fictitious address receive a letter from the Secretary of State's Office containing an individual authorization code and substitute mailing address. Request and keep a copy of this letter in the case file for verification. Request the client to provide a statement from the domestic violence advocacy group to verify a pending CAP application.
 - g. award letter for Social Security
 - h. employer's statement
 - i. statement from a friend, relative or other person who is knowledgeable about the client's residency

- j. State Data Exchange (SDX).
- k. SSA State Online Query (SOLQ)

C-115 TEMPORARY ABSENCE

Medical may not be denied or terminated because of an individual's temporary absence from state.

Nevada residency continues when a client is temporarily absent IF he/she intends to return to Nevada when the purpose of the absence has been accomplished. Children attending school out of state who have not indicated their intent to return to Nevada and/or who have been approved for Medicaid in another state, do not meet Nevada residency rules. Document in the case file the temporary absence situation and obtain the client/representative's statement concerning the intent of residency and the purpose of the absence.

C-120 CAP PROGRAM (NRS 217)

This program allows victims of domestic violence to protect their location by applying for a fictitious address through the Secretary of State's Office Confidential Address Program (CAP). Anyone requesting to apply for this protection is referred to their local community domestic violence advocacy group. Local advocacy group staff will explain CAP and complete a domestic violence assessment. When advocacy group staff determines CAP is appropriate for the victim, they assist the victim in completing the application process, and forward the application and referral to the Secretary of State's Office.

When an advocacy group has submitted a CAP application to the Secretary of State's Office or a victim has been approved for CAP, DWSS **must not** require the person to provide their actual physical address. Persons pending a determination for CAP may use an alternative address (i.e., friend, relative or shelter address). Victims of Domestic Violence approved for CAP can use the fictitious address assigned by the Secretary of State's Office.

When a CAP participant is approved, they will provide a copy of their CAP Authorization Letter and/or CAP Authorization ID card. This ID number should be included in the client's address to ensure proper identification. See Task Guide Case Management – 03 for instructions on how to complete/update this information on the client's address screen.

C-200 SOCIAL SECURITY NUMBERS (435.910)

The agency must require, as a condition of eligibility, each individual (including children) seeking Medicaid, furnish their Social Security Number (SSN).

If an applicant cannot recall his SSN(s) or has not been issued an SSN, the agency must-

- a. assist the applicant in completing an application for an SSN;
- b. obtain evidence required under SSA regulations to establish the age, the citizenship or alien status, and the true identity of the applicant; and
- c. either send the application to SSA or, if there is evidence that the applicant has previously been issued an SSN, request SSA to furnish the number.

Do not deny or delay services to an otherwise eligible individual pending issuance or verification of the individual's SSN by SSA or if the individual meets one of the following exceptions.

Exceptions:

- a. the individual is not eligible to receive an SSN;
- b. the individual does not have an SSN and may only be issued an SSN for a valid non-work reasons; or
- c. the individual refuses to obtain an SSN because of well-established religious objections.

C-200.1 Verification

The agency must verify the SSN furnished by an applicant or beneficiary to insure the SSN was issued to that individual, and to determine whether any other SSNs were issued to that individual.

The SSN is verified through the NUMIDENT system, which is Social Security's database of SSNs. If there is a discrepancy in the SSN-Match, follow-up action must be accomplished and a resend completed within 30 days. Check the application and other available information in the case file to make sure the client's SSN, last name, date of birth and sex were entered into the computer correctly. Check SOLQ to see if the discrepancy can be identified. If Social Security records need to be updated, refer the client to the Social Security Administration.

Types of verification:

- a. SDX
- b. copy of a Social Security check
- c. completed Form 1610
- d. letter from the Social Security Administration
- e. copy of the SSA Benefit Letter

C-200.2 Worker Action at Application

If a SSN is not provided, the case manager shall notify all household members they must apply directly with the Social Security Administration (SSA) to obtain an SSN. Pend the household, allowing 20 days, to provide verification of the SSN application.

Applicants or recipients can also obtain from SSA a replacement card or request a new card be issued because of a change to their name (marriage, divorce, court order or any other reason).

When a child is born in a hospital, the parent(s) are provided a receipt Form SSA-2853, that the application to apply for an SSN for the child was made.

C-200.3 Failure To Comply

If a member of the household fails or refuses to comply, without good cause, with SSN requirements, deny or terminate medical coverage.

C-300 CHILD SUPPORT ENFORCEMENT (Proposed Rule 433.138, 433.145, 433.147, 433.148, 433.152 and 435.610)

As a condition of eligibility for Medicaid, parents and caretaker relatives seeking medical assistance must agree to cooperate with the state in establishing paternity and in obtaining medical support and payments. While parents and caretaker relatives can be denied Medicaid eligibility or terminated from coverage for refusal to cooperate, children cannot be denied Medicaid eligibility or terminated from coverage due to a parent or caretaker relative's failure to do so.

Individuals must attest on the application that they agree to cooperate in establishing paternity and obtaining medical support at application. If the individual refuses to attest to agree to cooperate with child support on the application the individual is denied medical assistance.

Medicaid eligible individuals are provided information about accessing child support services and how those interested may benefit from child support services. Language containing required information and contact numbers for child support offices will be added to the approval notice. Form 4046-EC (child support information brochure) must be made available to any individual requesting information regarding child support services. If an individual wishes to request child support services, they must submit an application Form 4000 to the local child support office.

Pregnant women are exempt from the requirements to cooperate in establishing paternity of a child born out-of-wedlock. Although they must assign the right to medical support and payment for themselves and the child, they are not required to obtain medical support and payments.

C-305 CHILD SUPPORT NON-COOPERATION

By signing the application, individuals agree to cooperate with Child Support in pursuing medical support and establishing paternity.

If a previous member was denied for child support cooperation and re-applies, they are only required to agree to cooperate and are not required to provide verification of cooperation prior to being enrolled.

All reports of CSEP non-compliance are sent to an email account of the responsible office for case action.

C-400 CITIZENSHIP AND IDENTIFICATION REQUIREMENTS (435.406, 435.407, 435.940, 435.956)

All persons applying for Medical Assistance must provide satisfactory evidence of citizenship or immigration status prior to the approval of benefits.

All individuals will have their citizenship verified electronically through the federal data services hub (FHUB).

Note: This information is available on the FHUB screen which provides the status and results of the information sent and/or received from the federal hub. This screen also gives the case manager the ability to resend or request to have information sent to the FHUB for verification.

Exception: Children who become eligible for Medicaid based on their mother's Medicaid eligibility are considered to have provided satisfactory evidence of citizenship and shall not be required to provide further documentation, even after the end of the OBRA coverage period.

C-405 ELIGIBILITY REQUIREMENT

By completing and signing the application, the head of household is attesting to the citizenship status of all members.

Individuals requesting medical assistance must be:

- a. U.S. citizens, or
- b. have legal immigration status.

C-405.1 Verification and Documentation

If the FHUB service is not available, the case manager must use alternative electronic data sources such as vital statistics, SAVE or SDX.

Paper documentation may only be required when:

- a. no electronic data source is available; or

- b. there is a discrepancy between the electronic data and client attestation.

Paper documentation can be a photocopy, facsimile, scanned or other copies of documents, unless information on the copy is inconsistent with information available to the agency, or the agency has reason to question the validity of the information on the document.

The documentation of citizenship is a one-time occurrence. Once the verification of citizenship and identity is received, the recipient **must not** be required to provide it again. Proof of citizenship verification for each individual must be maintained in the case file or in an electronic database. If verification of citizenship is received via the federal hub an electronic record will automatically be maintained. If the client provided paper documentation of citizenship, a copy should be scanned and indexed to the permanent section of the case jacket and never purged.

Individuals declaring to be a citizen or national of the United States who are eligible for Medicaid are not required to provide documentation of citizenship status if they:

- a. are entitled to or enrolled in Medicare benefits;
- b. are receiving Social Security disability (SSDI) or SSI benefits; or
- c. are receiving child welfare benefits under Title IV-B, adoption or foster care assistance under Title IV-E; or
- d. were eligible at birth for Nevada Medicaid due to OBRA eligibility.

C-405.2 Reasonable Opportunity (435.956(g))

If the agency is unable to promptly verify citizenship or immigration status using an electronic data source and the individual meets all other eligibility factors **and** would otherwise be Medicaid eligible, the agency must approve the case and allow the household 90 days to provide satisfactory documentation of citizenship or immigration status.

During the 90-day period the agency must:

- a. attempt to resolve any inconsistencies;
- b. resubmit any correct information to the electronic data source; and
- c. provide the individual with information on how to contact the source of the electronic data so they can attempt to resolve inconsistencies.

If the required citizenship or immigration status documentation is not provided by the end of the 90-day period, terminate assistance allowing for adverse.

The 90-day period does not apply to prior medical months. Citizenship documentation must be provided prior to approval of prior medical months.

C-405.3 Stand-Alone Evidence of U.S. Citizenship or Nationality

The following must be accepted as satisfactory documentary evidence of citizenship:

- a. U.S. Passport, including a U.S. Passport Card issued by the Department of State, without regard to any expiration date as long as such passport or Card was issued without limitation.

Exception: Do not accept any passport as evidence of U.S. citizenship when it was issued with a limitation. However, such a passport may be used as proof of identity.

- b. Certificate of Naturalization
- c. Certificate of U.S. Citizenship
- d. a valid State-issued driver's license, if the State issuing the license requires proof of U.S. citizenship and obtains a social security number from the applicant who is a citizen before issuing such license.
- e. documentary evidence issued by a Federally recognized Indian Tribe, as published in the Federal Register by the Bureau of Indian Affairs within the U.S. Department of the Interior, and including Tribes located in a State that has an international border, which;
 - 1. identifies the Federally recognized Indian Tribe that issued the document;
 - 2. identifies the individual by name; and
 - 3. confirms the individual's membership, enrollment, or affiliation with the Tribe.

Documents used as evidence of Tribal enrollment include, but are not limited to:

- 1. Tribal enrollment card;
- 2. Certificate of Degree of Indian Blood;
- 3. Tribal census document;
- 4. documents on Tribal letterhead, issued under the signature of the appropriate Tribal official, issued by a Federally recognized Tribe.

Note: See E&P manual section C-700 for a list of federally recognized tribes.

If the household is able to provide one of these documents no further documentation is required.

When these documents are not available or cannot be obtained within a reasonable period, look at the next tier of acceptable forms of documentation to meet this requirement.

C-405.4 Evidence of U.S. Citizenship or Nationality

If an applicant does not provide documentary evidence from the list of stand-alone evidence, the following must be accepted as satisfactory evidence to establish citizenship if also accompanied by an identity document.

- a. U.S. public birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico, (if born on or after January 13, 1941), Guam, the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Commonwealth of Northern Mariana Islands (after November 4, 1986). The birth record document may be issued by the State, Commonwealth, Territory, or local jurisdiction.

Note: If the document shows the individual was born in Puerto Rico, the Virgin Islands of the U.S., or the CNMI before these areas became part of the U.S., the individual may be a collectively naturalized citizen.

- b. State of Nevada Vital Statistics Birth Details printout.
- c. Certification of Report of Birth, issued to U.S. citizens who were born outside the U.S.
- d. Report of Birth Abroad of a U.S. Citizen.
- e. Certification of birth.
- f. U.S. Citizen I.D. card.
- g. Northern Marianas Identification Card, issued to a collectively naturalized citizen, who was born in the CNMI before November 4, 1986.
- h. Final adoption decree showing the child's name and U.S. place of birth, or if an adoption is not final, a Statement from a State-approved adoption agency that shows the child's name and U.S. place of birth.
- i. Evidence of U.S. Civil Service employment before June 1, 1976.
- j. U.S. Military Record showing a U.S. place of birth.
- k. A data match with the SAVE Program or any other process established by the Department of Homeland Security to verify that an individual is a citizen.

C-405.3

GENERAL ELIGIBILITY REQUIREMENTS

STAND-ALONE EVIDENCE OF U.S. CITIZENSHIP OR NATIONALITY

Division of Welfare and Supportive Services

Medical Assistance Manual

15 Jul 01 MTL 01/15

- I. Documentation that a child meets the requirements of Section 101 of the Child Citizenship Act of 2000 (8 U.S.C. 1431).
- m. Medical records, including, but not limited to, hospital, clinic, or doctor records or admission papers from a nursing facility, skilled care facility, or other institution that indicate a U.S. place of birth.
- n. Life, health, or other insurance record that indicates a U.S. place of birth.
- o. Official religious record recorded in the U.S. showing that the birth occurred in the U.S.
- p. School records, including pre-school, Head Start and daycare, showing the child's name and U.S. place of birth.
- q. Federal or State census record showing U.S. citizenship or a U.S. place of birth.
- r. If the applicant does not have one of the documents listed he or she may submit an affidavit signed by another individual under penalty of perjury who can reasonably attest to the applicant's citizenship and that contains the applicant's name, date of birth, and place of U.S. birth. The affidavit does not have to be notarized.

Note: In December 2009, the government of Puerto Rico enacted Law 191 of 2009 which voided all Puerto Rican birth certificates issued prior to July 1, 2010. Effective **October 30, 2010**, all Puerto Rican birth certificates issued prior to July 1, 2010 will become voided. A voided Puerto Rican birth certificate may not be used to verify identity or citizenship for the Medical programs.

Previously accepted Puerto Rican birth certificates will remain acceptable for Medicaid determinations made prior to November 1, 2010. There will be no need to re-verify citizenship or identity at recertification or review of eligibility.

C-410 ACCEPTABLE VERIFICATION OF IDENTITY

The agency must accept the following as proof of identity, provided such document has a photograph or other identifying information, including, but not limited to, name, age, sex, race, height, weight, eye color or address.

The following documents can be accepted as proof of identity when required as part of citizenship documentation. Identity documentation is not a separate requirement from citizenship documentation; it is a form of documentation used to verify citizenship or **immigration status** when using secondary evidence paper verification sources.

- Driver's license issued by the State or Territory either with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight or eye color.

- Certificate of Degree of Indian Blood, or other U.S. American Indian/Alaska Native tribal document if the document carries a photograph or other personal identifying information.
- Identification card issued by the Federal, State or local government with the same information included on driver's licenses.
- School identification card with a photograph of the individual.
- U.S. military card or draft record.
- Military dependent's identification card.
- U.S. Coast Guard Merchant Mariner card.
- Children who are under the age of 16 or younger may have their identity documented using other means, when the child does not have or cannot get any of the documents listed above. These include:
 - School record;
 - Clinic, doctor or hospital record;
 - Daycare or nursery school record;
 - Affidavit signed under penalty of perjury by a parent or guardian or caretaker relative attesting to the child's identity. The affidavit can only be used after establishing that no other means of identity exist. The unavailability of the other sources must be documented in the case history.
- Any combination of three or more corroborating documents to prove identity, such as marriage license, divorce decree, high school and college diploma, employer ID cards and property deeds and/or title.
- Disabled individuals living in institutional care facilities may have their identity documented using an affidavit signed by a director or administrator where the individual resides.

C-415 VERIFICATION OF COLLECTIVE NATURALIZATION

If the applicant cannot present one of the documents listed above, the following will establish U.S. citizenship for collectively naturalized individuals:

C-415.1 Puerto Rico

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement they were residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence the applicant was a Puerto Rican citizen and their statement they were residing in Puerto Rico on March 1, 1917 and they did not take an oath of allegiance to Spain.

C-415.2 U.S. Virgin Islands

- Evidence of birth in the U.S. Virgin Islands and the applicant's statement of residence in the U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating residence in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that they did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

C-415.3 Northern Mariana Islands (NMI)

The Northern Mariana Islands were formerly part of the Trust Territory of the Pacific Islands (TTPI). All dates given in this section are NMI local time due to the International Dateline.

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession as of November 3, 1986 and the applicant's statement they did not owe allegiance to a foreign state on November 4, 1986.
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981, voter registration prior to January 1, 1975 and the applicant's statement they did not owe allegiance to a foreign state on November 4, 1986; or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement they did not owe allegiance to a foreign state on November 4, 1986.

Note: If the person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

C-420 NON-CITIZEN MEDICAL ASSISTANCE ELIGIBILITY CHART

Applicants must be a U.S. citizen or a non-citizen who meets the eligibility criteria in the table below:

Program	"Qualified" Non-Citizens Who Entered the U.S. Before 8/22/96	"Qualified" Non-Citizens Who Entered the U.S. on or After 8/22/96	"Not Qualified" Non-Citizens
Medicaid	Eligible if: <ul style="list-style-type: none"> • LPR • attains citizenship • battered*** non-citizen 	Eligible only if: <ul style="list-style-type: none"> • were granted status as <ul style="list-style-type: none"> - refugee* - asylee* - withholding of Deportation* - Cuban/Haitian* - Amerasian Immigrant* • Veteran, active duty military; spouse, unremarried surviving spouse or child • have been in "qualified" non-citizen status for 5 years or more • battered*** non-citizen who has served 5-year bar • attains citizenship 	Eligible only if: <ul style="list-style-type: none"> • were receiving SSI on 8/22/96 • American Indian born abroad ** • victim of trafficking and their spouse and children
Emergency Medicaid	Eligible if: <ul style="list-style-type: none"> • not a qualified non-citizen 	Eligible if: <ul style="list-style-type: none"> • does not meet any of the criteria listed above 	Eligible
Medicare "Premium Free" Part A (hospitalization) (eligibility based on work history)	Eligible	Eligible	Eligible only if: <ul style="list-style-type: none"> • Lawfully present, and eligibility for assistance is based on authorized employment
Premium "Buy-in" Medicare	Eligible only if: <ul style="list-style-type: none"> • Lawful permanent resident who has resided continuously in the U.S. for at least 5 years 	Eligible only if: <ul style="list-style-type: none"> • Lawful permanent resident who has resided continuously in the U.S. for at least 5 years. 	Not Eligible

- Key – * Status as refugee, asylee, withholding of deportation/removal, Cuban/Haitian Entrant or Amerasian but only during the first 7 years after attaining status. Eligibility continues for these individuals after the first 7 years as they have now been in qualified non-citizen status for over 5 years and have met the 5 year bar. **Note:** Cuban Entrants originally admitted to the U.S. as a refugee, asylee or parolee does not lose eligibility for public benefits due to a change in status.
- ** Eligible if a Native American born in Canada possessing at least 50% blood of an American Indian race or a member of an Indian tribe as listed in E&P manual section C-700.
- *** Battered non-citizens must meet the requirements listed in manual section C-440 to be eligible.

C-420.1 Verification of Non-Citizen Status

Non-citizens must provide documentation that verifies qualified non-citizen status and will have their status verified electronically through the federal data services hub. If the federal data hub is not available, alternative electronic data sources such as vital statistics, SAVE or SDX must be used prior to requesting paper documentation.

C-420.2 Verifying Non-Citizen Status Using the Systematic Alien Verification to Entitlements (SAVE) System

To verify non-citizen status access the SAVE system through the ZENworks link. Verification directly through the SAVE system is only required when there is a discrepancy or other electronic data sources (such as the FHUB service) are unavailable.

The system shows the date of adjustment rather than the date the client entered the U.S. If the applicant claims an earlier date of entry into the U.S., they must provide proof. If the applicant claims to be a United States citizen, the system can verify that information as well. If you need additional information, please refer to the tutorial in the upper right hand corner of the Verification Information System (VIS) screen.

- a. Primary Verification – The computer data base at the Department of Homeland Security SAVE website provides primary verification by the VIS.
- b. Additional Verification – Some circumstances require performing additional verification.

Complete an electronic additional verification if:

- a. the SAVE website advises the caseworker to complete “Additional
- b. the COA code indicates the LPR non-citizen may be sponsored.
- c. The LPR non-citizen indicates they have been sponsored

Request an “Additional Verification” directly from USCIS if:

- a. items presented as documentation appear counterfeit or altered.
- b. individual presents unfamiliar USCIS documentation, or a document that indicates immigration status, but does not contain an A-Number.
- c. document contains an A-Number in the A60 000 000 or A70 000 000 series. These ranges have not been issued.
- d. document contains an A-Number in the A80 000 000 series. This range is used for illegal border crossings.
- e. document presented as a Form I-689 or Form I-688 annotated with 210(a). These documents will always contain A-Numbers in the A90 000 000 series. This range is used for participants in the legalization (amnesty) or Special Agriculture Worker (SAW) programs. Because they are amnesty participants, policy requires the non-citizen’s authorization, with original signature before secondary verification is performed.
- f. document presented is a letter, a fee receipt, or anything other than an established USCIS form.
- g. document presented is an I-181, or an I-94 in a foreign passport that bears the endorsement “Processed for I-551, Temporary Evidence of Lawful Permanent Residence,” AND the I-181 or I-94 is over one year old.

Complete a Form G-845S, SAVE Document Verification Request electronically for each person requiring additional verification. Include the Alien registration Number or I-94 Number, name, nationality, date of birth, SSN, ASVI verification number, benefit type and case number. Scan and upload readable copies (front and back) of immigration documents containing the registration number. If the individual’s name has changed since the USCIS registration card was issued, also attach a document that verifies the name change.

USCIS will research the non-citizen’s records, complete the response portion of the form through the SAVE system within ten working days of receipt. The Immigration Status Verifier (ISV) checks all appropriate statements on the lower half and back of the form to indicate the applicant’s immigration status and work eligibility.

When using secondary verification, if the non-citizen is otherwise eligible, do not delay, deny, or reduce the household’s benefits while waiting for a response from USCIS.

When the G-845 is received and the response indicates the non-citizen’s document is not valid, disqualify the individual (allowing adverse action) or deny the application as appropriate and refer to I&R as possible fraud.

When the G-845 is received and the response indicates the non-citizen’s documents are valid, file the form in the permanent section of the eligibility file.

C-425 NON-CITIZEN STATUS

Determine if the individual claiming non-citizen status is a “qualified” or a “not qualified” non-citizen.

“Qualified” non-citizens include the following:

- a. Lawful Permanent Residents (LPRs)
- b. Refugees
- c. Asylees
- d. Persons granted withholding of deportation or removal
- e. Conditional Entrants
- f. Persons granted parole for a period of at least one year
- g. Cuban/Haitian entrants
- h. Certain Abused non-citizens

“Not-Qualified” non-citizens include all non-citizens without status in the above categories. This includes non-citizen students and undocumented non-citizens.

Note: “Not Qualified” non-citizens also include individuals who are citizens of the Federated States of Micronesia, the Marshall Islands and the Republic of Palau. These individuals have special rights under the Compacts of Free Association signed by the United States. Although they are technically non-immigrants, they are allowed to enter, reside and work in the United States.

Use the non-citizen’s USCIS document(s), USCIS letter, a court order or a passport and other resources listed in the following sections to determine the non-citizen’s qualified status.

Determine when individuals currently in “Qualified” non-citizen status began residing in the United States.

For individuals who entered the United States prior to **August 22, 1996:**

Determine the date the individual began residing in the United States using the earliest verified date the person entered and continually resided in the country, regardless of the individual’s legal status at the time they entered the United States.

For individuals who entered the United States on or after **August 22, 1996**:

These individuals must meet one of the categories listed in the non-citizen medical assistance eligibility chart. For those individuals who must serve the five-year bar, the five-year bar begins with the date the individuals attained “Qualified” non-citizen status as determined by USCIS.

C-430 RE-VERIFICATION OF IMMIGRATION STATUS DUE TO AN INS DOCUMENT'S EXPIRATION DATE

When an eligible non-citizen's INS document has an expiration date, schedule a redetermination in the month prior to the month the document expires (unless the regular review occurs first).

Re-verify the individual's status using SAVE if they want to continue receiving or are reapplying for benefits. Allow the person twenty (20) days to update their status with INS if they cannot provide an updated document. Disqualify the individual who no longer has acceptable immigration status.

Cuban/Haitian entrants whose Form I-94 has an expiration date of 1/15/81 may have a different current resident status assigned to them. Re-verify their status using SAVE.

If an individual has been in prison since they last applied, regardless of the expiration date on the document on file, request to review their current document or call SAVE. Their residence may have been revoked, or they may have been issued a different status affecting their eligibility.

C-435 DOCUMENTATION OF VETERAN STATUS

Non-citizens may be eligible for certain benefits if they are veterans, on active military duty, or are the spouse or dependent child of a veteran or person on active military duty. This category also applies to certain reserve members, as specified in this section.

Definition of a Veteran- Individuals who actively served with the United States Armed Services whether or not they were citizens who:

- a. meet the minimum active duty requirement of 24 months, served for the period of time they were called to active duty, or have an honorable discharge;
- b. were military personnel and died during active duty; or
- c. were Filipinos who served in the Philippine Commonwealth Army during World War II or as Philippine Scouts after the war.

Individuals may qualify for certain benefits if they are a spouse, surviving spouse, or dependent child of a veteran and meet the appropriate criteria. Individuals claiming this status must show the same documentation as the veteran or active duty member. If the documentation is not available, they should be referred to the local VA regional office for verification of veteran status. **Note:** The VA will not verify the relationship, so relationship must be established using regular verification procedures for this requirement.

Definition of a Spouse of a Veteran - The individual must be currently married to the veteran.

Definition of a Surviving Spouse of a Veteran -

- a. Must not have remarried; and
- b. Was married to the veteran or active-duty personnel within fifteen years after the termination of the period of service in which the injury or disease causing the death of the veteran was incurred or aggravated; and
- c. Was married to the veteran or active-duty personnel for one year or more; or a child was born of the relationship between the surviving spouse and the veteran or active-duty personnel, either during or before the marriage.

Definition of a Dependent Child of a Veteran -

- a. Must be unmarried; and
- b. Must meet program criteria under which benefits are being applied for to be considered as a dependent child.

C-435.1 Verification of Veteran Status

C-435.1.1 Discharged Members

A discharge certificate, DD-214 or equivalent, which meets the following criteria, is acceptable verification without further inquiry, unless the certificate appears to be altered or is otherwise irregular:

- a. It must show active duty in either the United States Army, Navy, Air Force, Marine Corps or Coast Guard; and
- b. It must show "Honorable" discharge ("Under Honorable Conditions" is not acceptable); and
- c. The individual must meet a minimum active duty requirement of two years or more in one of the branches listed above, unless their certificate shows an enlistment date prior to September 7, 1980 (there is no minimum active duty requirement for these individuals).

Refer the individual to the local Veteran's Administration Office to have VA staff determine satisfaction of the minimum active duty service and provide the applicant with documentation of their military status in the following circumstances:

- a. The discharge certificate shows "Honorable," but shows a branch of service not listed above. (Examples include: National Guard, active duty for training, inactive duty, etc.);
- b. The individual claims veteran status but has no documentation; or
- c. The document shows active duty of less than two years with an original enlistment date on or after September 7, 1980.

C-435.1.2 Active Duty Members

Active duty as a member of the U.S. Armed Forces means the individual is on full-time duty in the United States Army, Navy, Air Force, Marine Corps or Coast Guard. It does not include full-time National Guard duty.

Service members on active duty may establish their status by presenting a current Military Identification Card (DD Form 2 - Active), that lists an expiration date of more than one year from the date of the eligibility determination.

If the Military Identification Card is due to expire within one year from the date of determination, the service member may verify active duty by showing a copy of their current military orders.

If the service member is unable to furnish a copy of their orders, active duty may be verified through the nearest RAPIDS (Real Time Automated Personnel Identification System) which is located at many military installations, or by notifying the following in writing (which can be faxed):

DEERS Support Office
ATTN: Research and Analysis
400 GIGLING ROAD
SEASIDE, CA 93955-6771
FAX: (408) 655-8317

C-435.1.3 Reserve Members (Not On Active Duty For Training)

Active duty for training is temporary full-time duty in the Armed Forces performed by members of the Reserves, Army, National Guard, or Air National Guard for training purposes. Active duty for training does not establish eligible status. However, a discharge from active duty for training may establish veteran status and the applicant should be referred to the VA for a determination.

A member of a Reserve Component must establish their status by showing a current DD Form 2 - Reserve (red) and military active duty orders showing they are on active duty, but not on active duty for training. No other method for verifying this status is currently available.

C-440 DEFINITION OF BATTERED NON-CITIZEN

A battered non-citizen is:

An **adult or their child(ren)**, lawfully residing in the United States on August 22, 1996, who has been battered or subjected to extreme cruelty in the United States by a U.S. citizen or LPR who is:

- a. a spouse or a parent, or
- b. a member of the spouse or parent's family residing in the same household as the non-citizen (and the spouse or parent consented to, or acquiesced in the battery or cruelty).

A non-citizen, lawfully residing in the United States on August 22, 1996, whose child has been battered or subjected to extreme cruelty in the United States by a U.S. citizen or LPR who is:

- a. a spouse or a parent of the non-citizen (without the active participation of the non-citizen in the battery or cruelty), or
- b. a member of the spouse or parent's family residing in the same household as the non-citizen (and the spouse or parent consented to, or acquiesced in the battery or cruelty and the non-citizen did not actively participate).

C-445 IRAQI AND AFGHANI SPECIAL IMMIGRANTS

Effective December 26, 2007, Public Law 110-161, the Consolidated Appropriations Act of 2008 granted Iraqi and Afghan non-citizens special immigrant status under section 101(a)(27) of the Immigration and Nationality Act (INA). Individuals and family members

granted this special immigrant status are eligible for resettlement assistance, TANF and entitlement programs including Medicaid and SNAP and other benefits the same as other refugees admitted under section 207 of the INA. Effective December 19, 2009, the Department of Defense Appropriations Act of 2010 (Section 8120, P.L. 111-2009) provides that Iraqi and Afghan Special Immigrants are eligible for federal public benefits to the same extent and for the same time period as refugees.

Verification of Special Immigrant Status

For Medicaid program purposes, Iraqi and Afghan non-citizens and family members who claim special immigrant status must provide verification they have been admitted under section 101(a)(27) of the INA.

Afghans and some Iraqi special immigrants will have an Immigrant Visa category of SL1 S19 and some Iraqis will have an Immigrant Visa category of SQ1–SQ9.

Date of Eligibility and Certification Period

The effective date of eligibility as a qualified non-citizen is from the date the special immigrant enters the United States.

The effective date of eligibility is the date of application for all programs. These immigrants must meet all eligibility requirements for any program applied for.

Special immigrants applying under this status are not eligible for prior medical coverage.

C-450 VICTIMS OF HUMAN TRAFFICKING

Under the Trafficking Victims Protection Act, adult victims of trafficking who are certified by the Office of Refugee Resettlement (ORR) at the Department of Health and Human Services are eligible for benefits to the same extent as refugees. Children who have been subjected to trafficking are also eligible like refugees but do not need to be certified. As of November 6, 2001, certification letters issued for adults and eligibility letters for children

will no longer contain an expiration date. Individuals who were certified before this date received letters from 8-month expiration dates. As these letters expire, ORR will issue recertification letters without expiration dates.

Victims of Trafficking are awarded a T-Visa for entry. Certain members of their family may also apply for and receive a Derivative T-Visa and meet eligibility under refugee criteria.

If the victim of trafficking is under 21 at the time the T-Visa application was filed, Derivative T-Visas are available to the following members of their immediate family: spouse, children, unmarried siblings (under 18 at the time the application was filed) and parents of the victim of trafficking.

In the case where an application is filed after the individual turns 21, only the victim's spouse and children are eligible to apply for the Derivative T-Visa.

When a victim of trafficking applies for benefits, all eligibility requirements must be met except the following:

- a. Victims are not required to provide any documentation of their immigration status. Accept the original, recertification letter or letter for children in place of INS documentation. The "entry date" will not change on the recertification letter.

- b. Call the trafficking verification line at (202) 401-5510 to confirm the validity of the certification letter or letter for children and notify ORR at HHS of the benefits for which the individual is applying.
- c. Note the "entry date" for refugee benefit purposes. The individual's "entry date" is the certification date listed in the letter.
- d. Call the trafficking verification line at (202) 401-5510 for assistance when having difficulty confirming identity.
- e. Assist the individual in applying for a non-work Social Security Number.
- f. Issue benefits to the same extent as a refugee.
- g. Record the expiration date of the certification letter or letter so a review of eligibility will be done at the appropriate time.

C-500 APPLYING FOR AVAILABLE BENEFITS (435.608, 435.610)

Income is considered available both when actually available and when the individual has a legal interest in the income and has the ability to make such sum available.

Individuals applying for medical assistance must pursue and take advantage of all income which is or may be available for maintenance and support. When benefits may be available such as Retirement, Survivor's and Disability Insurance (RSDI), Railroad Retirement (RR), Veteran's Administration (VA) benefits, Unemployment Insurance (UIB), Public Employee's Retirement benefits, etc., inform the household, in writing, of the obligation to pursue and make the income available to the client, notify the client/ representative in writing that application for such benefits must be made within 10 calendar days for ongoing case processing. To evaluate for potential eligibility for benefits from another Federal, State or local agency, see Appendix "B".

Failure to apply for, pursue and accept a claim or failure to provide information essential to establish the claim will result in denial or termination of assistance for the individual.

If the individual can show good cause for not pursuing income they may not be required to pursue the income. Good cause exists when the applicant can show;

- a. The cost to pursue exceeds the potential income or causes financial hardship.
- b. Pursuing the income would endanger the household member(s) health or safety.
- c. Legal action is required but a private attorney or legal service refuses to accept the case. A reasonable effort to obtain legal assistance must be made and evidence provided.

Exceptions:

1. Persons qualifying under the QMB category do not have to apply for benefits for which they may be eligible.
2. Nevada Check Up **only** households do not have to apply for benefits for which they may be eligible, unless the child may be eligible for SSI.

C-505 SSI APPLICATION AND DETERMINATION

C-505.1 Required

Verification of Supplemental Security Income (SSI) application or receipt of SSI as a Nevada Resident must be obtained for applicants meeting the criteria below. Allow applicants 20 calendar days to provide this proof if it is not available electronically. Failure to provide proof of SSI application or receipt of SSI within the specified time will cause denial.

Failure to pursue an SSI claim or failure to provide information essential to establish the claim will result in denial or termination of assistance including all prior medical requests associated with the application.

C-505.1.1 Aged, Blind and Disabled Persons Not In an Institution with Total Countable Income Less than SSI Payment Levels

Medicaid will NOT be approved until the client is approved for SSI by SSA. This includes individuals who have temporary residency status.

C-505.1.2 Persons In an Institution with Total Countable Income Less Than \$30

Evaluate the individual for eligibility in other Medicaid categories while the SSI determination is pending. This includes individuals who have temporary residency status. (See State Institutional Category for possible eligibility if SSI is denied.)

Exception: Children receiving Medicaid under 1902(e)(3) (Katie Beckett) of the Social Security Act who enter an institution for long-term care, including an RTC. An SSI application must be made; however, there will be no break in Medicaid eligibility pending a decision from SSI.

C-505.2 Not Required

SSI application and determination by SSA is not required for:

- a. deceased individuals who were institutionalized during the period Medicaid is requested.

- b. applications requesting only prior Medicaid eligibility as long as the client does not have an outstanding pending SSI determination for those months.
- c. institutionalized individuals with total net countable income of \$30 or more.

C-600 THIRD PARTY LIABILITY (TPL) (435.610)

TPL is any individual, entity, or program that is, or may be, liable to pay all or part of the medical cost for medical assistance furnished to a Medicaid recipient. Nevada Check Up monitors previous insurance coverage to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage.

Enter current medical insurance information on the MINS and MEDI screen and previous insurance coverage and end dates on the MBR3 screen.

The purpose of TPL is to reduce erroneous expenditures by maximizing use of third party resources. Medicaid is the payer of last resort whenever another resource is available, with the exception of Children with Special Health Care Needs, Indian Public Health Service (IHS) or Victims of Crime. **Do not enter a MINS screens for IHS.**

Income maintenance insurance policies not related to actual medical expenses are not third-party liability resources unless the policy is assignable to a hospital or other medical provider.

Note: If the case manager becomes aware of the pregnant woman being a surrogate, request a copy of the contract and notify the TPL Unit at DHCFP.

When insurance coverage is available at no cost to the client (e.g., through employment or Tricare, or as a veteran through the Veterans Administration), request the client to enroll. Assistance will be denied or terminated if the client refuses to apply for, pursue, or provide information necessary to establish insurance coverage/claims and/or fails to cooperate in the collection process from a third party.

Exception: Do not deny coverage for a child if the parent refused to provide insurance information.

C-605 MEDICARE AS TPL

Medicare is Social Security's health insurance program. Medicare has two types of coverage; Part A - Hospital Insurance and Part B-Medical Insurance.

C-605.1 Persons Eligible for Medicare

- all persons OVER AGE 65 who are either a U.S. citizen; or an alien lawfully admitted for permanent residency who has resided in the U.S. continuously for 5 years.

- all persons UNDER AGE 65 who have received monthly Social Security/Railroad Retirement disability benefits for 24 months.
- persons with End-Stage renal disease

A Medicaid applicant or recipient must cooperate in pursuing Medicare Part B, if available, as a condition of continuing eligibility, since it would be available at no cost as a result of the state Buy-In process.

When a **Medicaid eligible client with an open Medicaid case** becomes eligible to enroll in Medicare (i.e., client turns 65; client is under 65 and has been receiving RSDI or Railroad Retirement Disability benefits for 24 months; has chronic renal disease), send Form 2429 (Insufficient Information), requesting the client to apply for Medicare Part B, along with a completed Form 2216 (Public Welfare Accretion letter).

Advise the client to present the PWA letter to Social Security when they apply for Medicare. Allow 10 days to cooperate. When verification that the client has applied for Medicare is returned, add a MEDI screen in each footer month the client is eligible for the buy-in and post the updated version to reflect the correct aid code combination (Ex: IN9/B, AM/A, SS1/B or HR1/A). If the client does not cooperate, terminate the case allowing for adverse notice.

Note: if a client is already enrolled in Medicare Part A, do not make them apply for Part B. Update the Part B information on the MEDI screen and send an email to the DWSS Buy-In Program Specialist asking for accretion to Part B to allow enrollment at no cost to the recipient.

If a client already has other health coverage, Nevada Medicaid is not liable for health care services if the client elects to seek treatment from a provider not authorized by their health care coverage.

C-610 NOTIFICATION OF THIRD PARTY LIABILITY (TPL) TO THE FISCAL AGENT

The fiscal agent is notified of current TPL and changes to such coverage through the MINS and MEDI screen. Complete or update these screens when the following occurs:

- notification is provided of all verified insurance or changes in coverage.
- if there is enough verification or information for the insurance to be pursued but coverage cannot be verified, refer the information to the fiscal agent.

Exception: When a non-custodial parent is providing medical coverage for their dependents, provide the information to Child Support Enforcement (CSE) on the Non-Custodial Parent Form 2906.

Note: If insurance coverage is available through a source that is not part of the household, assistance is not denied or terminated if the policyholder refuses to cooperate.

C-610.1 Verification

Obtain verification for any household member who has medical/group health insurance coverage.

Types of verification (not all inclusive):

- Insurance card
- Insurance policy
- Letter from insurance company

C-615 TPL AND ACCIDENTS

Households are required to immediately report any accident-related injuries requiring medical care or any accident-related unsettled legal claims.

When the client has an accident or job related injury, was injured while in the custody of a law enforcement agency, or received insurance reimbursements for Medicaid-paid bills, the Medical Subrogation Form 2511 must be completed providing details and any legal action involved. The worker may contact the client to obtain the required information. If the worker is unable to contact the client, the form will be sent and the case will be pended for 10 days and terminated if the required information is not received. Once completed, the SETT screen is completed and the form is forwarded along with any supporting information to the fiscal agent at:

Emdeon
Attn: Subrogation Unit
3055 Lebanon Pike Suite 1000
Nashville, TN 37214

C-620 MANDATORY PREMIUM PAYMENTS FOR COST EFFECTIVE EMPLOYER GROUP HEALTH INSURANCE

Section 4402 of OBRA 1990 requires states pay for premiums, deductibles, co-insurance and other cost sharing obligations for Medicaid recipients entitled to employer group health insurance.

When insurance is available and the household member must pay a premium for the coverage, the fiscal intermediary may choose to pay the premium so the individual receives coverage, provided it is cost effective. Enrollment in the health plan is a condition of eligibility except when the individual is unable to enroll on their own behalf. A child will not be penalized if their parent fails to cooperate with this requirement for the child's benefit.

The case manager must obtain a completed Form NMO-5000, Health Insurance Premium Payment Plan (HIPP) Application, and a copy of their insurance policy or benefits letter, if available, in the ongoing eligibility process when insurance is available

C-610.1 GENERAL ELIGIBILITY REQUIREMENTS VERIFICATION

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to the client. **Failure to comply will cause denial or termination of the individual's assistance.**

Note: The HIPP Application is not required if the individual is:

- **eligible for Nevada Check Up;**
- **enrolled in a Managed Care Organization (MCO);**
- **receiving unemployment benefits;**
- **eligible for Medicare.**

HIPP is a cost-savings program that identifies Medicaid recipients who have access to group health insurance available through an employer. The program assists eligible recipients in paying private insurance premiums they otherwise may not be able to afford when it is determined to be cost-effective. It also benefits the recipients because they have more doctors to choose from and other medical services may be covered through private insurance that are not covered by Medicaid.

The HIPP website can be accessed at <https://dhcfp.nv.gov/hipp.htm>. This website can be used to gather information as well as download English/Spanish applications and brochures. This website can also be provided to recipients for easy access to program information, applications, brochures and Emdeon contact information.

Form NMO-5000 must be completed and forwarded to the fiscal intermediary to make this determination.

Emdeon
Attn: Subrogation Unit
3055 Lebanon Pike, Suite 1000
Nashville, TN 37214

If the health insurance is determined to be cost effective, premiums will be paid to the employer or insurance carrier through Medicaid. Premiums which can only be paid through a payroll deduction will be reimbursed directly to the client. **These reimbursements are exempt income to the client.**

C-700 BUY-IN PROCESS (1843 of the Act)

The buy-in process is the system that allows the state to pay Medicare Part A and B premiums directly to Medicare for eligible individuals. Medicare is always primary insurance coverage and Medicaid secondary when recipients are dual eligible. Maintaining Medicare enrollment for Medicaid recipients reduces Medicaid costs. Due to cost savings realized, the Division has elected to pay the Part B Medicare premium for all Medicaid recipients enrolled in Medicare.

In most instances the Medicare Part A premium is free to those who are entitled. Those who must pay for this premium have a suffix "M", "J" or "K" on their Medicare claim number.

EMPLOYER GROUP HEALTH INSURANCE

Example of cost savings to the state:

Medicaid Only

A Medicaid only patient incurs a bill of \$1000 for physician services and treatment. Medicaid is a 50/50 Federal Match program. In this instance, the State of Nevada is responsible for \$500 of the bill, and \$500 comes from Federal Medicaid program.

Medicare and Medicaid (Dual Eligible)

A patient who has both Medicare and Medicaid incurs the same bill for \$1000 of physician services and treatment. Medicare will be billed first, and will pay 80% of the total (or \$800). The remaining \$200 will be paid through Medicaid. With the 50/50 match, the State of Nevada is responsible for \$100 and Federal Match dollars are responsible for the other \$100.

C-705 EFFECTIVE DATES FOR BUY-IN

The accretion effective date is based on the category of medical assistance which the person is enrolled. The following are the guidelines for when a person must be accreted:

- a. QMB only:
 - Part A and Part B buy-in effective the month after the month of approval.
- b. Full Medicaid and QMB:
 - Part A buy-in effective the month after the month of approval.
 - Part B buy-in effective the first month of Medicaid eligibility.
 - See Institutional and HCBW exceptions in part h.
- c. SLMB only:
 - Part B buy-in effective the application month and up to three months prior to the application month (prior med).
- d. Full Medicaid and SLMB:
 - Part B buy-in effective the first month of Medicaid eligibility.
- e. QI:
 - Part B buy-in effective the application month and up to three months prior to the application month (prior med).

- f. Ongoing Institutional and HCBW with Full Medicaid not eligible for QMB and above the SLMB Limit:
 - Part B buy-in effective the first month of Full Medicaid eligibility in which the client is entitled to Medicare.
- g. New Application Institutional and HCBW not eligible for QMB and above the SLMB Limit:
 - Part B buy-in effective the second month after the approval month.
- h. New Application Institutional and HCBW eligible for QMB:
 - Part B buy-in effective the month after the approval month.

C-715 HOW THE BUY-IN PROCESS WORKS

The system sends an automated file to the Centers for Medicare and Medicaid (CMS) to accrete (enroll and begin paying the premium) eligible individuals to the Buy-In for the appropriate months.

When a case is terminated, the system will automatically request the person be terminated from Buy-In effective the date of Medicaid termination. If the person is reinstated, the system will automatically send a request to reaccrete the person to the Buy-In.

The automatic accretions and deletions are completed with the information contained on the MEDI screen. The computer file includes names, birth date, Social Security number and Medicare claim number. If the information in NOMADS is incorrect, it can compromise the automated accretion/deletion process, thereby requiring manual intervention.

In some instances, a person cannot be automatically accreted to or deleted from the Buy-In. If this happens, manual input must be done in Central Office to get the person accreted/deleted.

Both the automatic and manual accretion/deletions can be attempted only once a month (we are not permitted to try more often). The entire process works as follows:

- a. Around the 22nd of each month, a file is produced by Data Processing containing all the automatic and manual accretion/deletions for the month. This file is sent to CMS in Baltimore. The file must be received by CMS no later than the 25th of each month. The file is also run against the BENDEX tapes received from Social Security each month to check Medicare eligibility.
- b. CMS sends a file back (around the 22nd of each month) giving the responses on each of the automatic and manual accretion/deletions sent the previous month.

- c. The file received from CMS is used to update the INFC Buy-In System including the Buy-In Inquiry Screen which indicates whether or not a person was accreted and/or deleted.

Because only one attempt per month is allowed to accrete a person, it can take several months to accrete a person when there are problems. In rare instances when none of the attempts will work, Central Office must send the problem to CMS in Baltimore. If this happens, it could take several months from the time Baltimore is notified of the problem to get the person accreted.

C-720 CASE MANAGER RESPONSIBILITIES IN THE BUY-IN PROCESS

The case manager must ensure the client name, birth date, Social Security number and Medicare claim number are correctly input in NOMADS. If information is input incorrectly, it could delay accreting the individual to the Buy-In.

When a person is eligible for Buy-In for Part A and/or B, the case manager must future action the case to check the Buy-In Inquiry Screen to ensure the client was accreted. If there is no response on the inquiry screen for the client, or a response is received indicating a problem with accreting the person, the case manager must correct any discrepancies in NOMADS, and request a manual accretion from Eligibility and Payments in Central Office. The following are general rules for requesting a manual accretion:

If the case was approved before the 20th of a month, the inquiry should show a code sent through the Buy-In accreting the person after the 25th of the same month. After the 25th of the following month, a code should be received showing the person has been accreted or one telling why the person cannot be accreted. If there is a code indicating the person cannot be accreted or there is no response, request assistance verifying the Medicare Part A/B coverage and claim number.

If the case was approved on the 21st or later, the inquiry will not show a code indicating an accretion was sent until after the 25th of the following month. The reply code would be received another month after that and the above procedures requesting assistance should be followed as appropriate.

C-800 INCARCERATION

An inmate of a public institution is ineligible for the Medicare Beneficiary program, UNLESS the institution is a medical institution. An inmate of a penal institution is never eligible for Medicaid or the Medicare Beneficiary Program while in the custody of law enforcement officials, UNLESS admitted as an inpatient to a hospital, nursing facility, juvenile psychiatric facility, or intermediate care facility. This individual is eligible for Medicaid and any Medicaid covered services provided to them while an **inpatient** in these facilities. If this individual becomes an inpatient of a long-term care facility, they must meet level of care and plan of care assessments to become eligible.

Note: Inmates under house arrest, and supervised by Parole and Probation, may qualify for Medicaid as long as the penal institution is not supplying their food and shelter. Persons who are released on parole from a penal institution are not considered a resident of a public institution and therefore may be eligible for SSI or Medicaid if they meet all other eligibility requirements.